

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County UnionRegistration District No. 875Township 12thPrimary Registration District No. 3039City St. Louis (No. 7)St. 115 Ward

2. FULL NAME

(a) Residence, No. 1325 N. Cedar St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Newport

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1884

7. AGE YEARS 50 MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 49

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Kentucky13. NAME James Monroe14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pont K new Kentucky15. MAIDEN NAME Laura Fildes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pont K new Kentucky17. INFORMANT (ADDRESS) George Newport18. BURIAL, CREMATION, OR REMOVAL Newton, Mo DATE June 25, 193419. UNDERTAKER (ADDRESS) Ferry Funeral Home20. FILED June 23, 1934 W. M. Gunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 193422. I HEREBY CERTIFY That I attended deceased from July 15, 1934 to June 23, 1934I last saw her alive on June 23, 1934 Death is said to have occurred on the date stated above, at 6:40 m.

The principal cause of death and related causes of importance were as follows:

Metastatic carcinomatous Date of onsetPrimary in ovaries - 49Multibacillary serous 53Obstruction 93Other contributory causes of importance Ch. Myocarditis 49Name of operation Salpingopharyngotomy of 7-20-38What test confirmed diagnosis? Ch. 1 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. M. Gunn M. D.(Address) St. Louis, Mo

